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Aggressive diuretic therapy for a large solitary lung lesion (Article)

Firdaus, M.A.-B.M.^{a,b} ✉, Zulkafli, H.^b, Said, M.R.^b, Hadi, M.F.^a, Sukhari, S.^a, Singh, R.S.A.^a 👤 👤

^aDivision of Cardiology, Department of Medicine, University Malaya Medical Centre, Kuala Lumpur, Malaysia

^bDepartment of Internal Medicine, Kuliyah of Medicine, International Islamic University Malaysia, Kuantan, Pahang, Malaysia

Abstract

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SUMMARY Pseudotumour of the lung is a rare chest x-ray finding among patients who present with fluid overload. It is caused by loculated pleural effusion in the lung fissures. Unfortunately, the occurrence of pseudotumour can be misleading and sometimes can lead to unnecessary investigation and emotional stress to the patient. We present here a case of a 61-year-old gentleman with a known history of hypertension, diabetes mellitus and dyslipidemia who presented at University Malaya Medical Centre with symptoms of fluid overload and a right middle lobe mass on chest x-ray. The right middle lobe mass disappeared entirely after being treated with aggressive diuretic therapy. A diagnosis of pseudotumour was made and described in this case report. © 2020, Malaysian Medical Association. All rights reserved.

SciVal Topic Prominence ⓘ

Topic: Lung Cancer | Pleura Effusion | Phantoms

Prominence percentile: 42.697 ⓘ

Indexed keywords

EMTREE drug terms: albumin creatinine hemoglobin hemoglobin A1c low density lipoprotein urea

EMTREE medical terms: adult Article blood pressure breathing rate case report clinical article computer assisted tomography coronary angiography coughing diabetes mellitus diuretic therapy dyslipidemia dyspnea echocardiography heart ejection fraction heart failure heart rate human hypertension kidney injury leg edema leukocyte count lung lesion Malaysia male middle aged platelet count pleura effusion proteinuria pseudotumor tachypnea thorax radiography total cholesterol level

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Chemicals and CAS Registry Numbers:

creatinine, 19230-81-0; 60-27-5; hemoglobin, 9008-02-0; hemoglobin A1c, 62572-11-6; urea, 57-13-6

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
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 Firdaus, M.A.-B.M.; Division of Cardiology, Department of Medicine, University Malaya Medical Centre, Kuala Lumpur, Malaysia; email:baqlish@gmail.com

 Firdaus, M.A.-B.M.; Department of Internal Medicine, Kulliyah of Medicine, International Islamic University Malaysia, Kuantan, Pahang, Malaysia; email:baqlish@gmail.com

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